SOS APA Form 001 Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

CITY-Jackson STATE: MS ZIP: 3920.	AGENCY NAME: MS Department of Human	Services	CONTACT PERSON: Earl Scales		TELEPHONE NUMBE 601-359-4237	R:
Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Adopted with changes rule(s) for MDHS Title 18, Part 6, DFCS Foster Care. Specific legal authority authorizing the promulgation of rule: Miss. Code ann. 43-15-3; 5; 13 List all rules repealed, or suspended by the proposed rule: N/A DRAL PROCEEDING: An oral proceeding is so scheduled for this rule on Date: Time: Place: Place: Time: Time: Place: Time:	ADDRESS: 750 North State Street		CITY: Jackson			ZIP: 39202
PROPERTY RULES TEMPORARY RULES PROPOSED ACTION ON RULES Original filling Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify): Other (specify): OFFICIAL FILING STAMP ORA Date: Miss. Code ann. 43-15-3; 5; 13 List all rules repealed, amended, or suspended by the proposed rule: Miss. Code ann. 43-15-3; 5; 13 List all rules repealed, amended, or suspended by the proposed rule: Miss. Code ann. 43-15-3; 5; 13 List all rules repealed, amended, or suspended by the proposed rule: Miss. Place: Time: Time: Time: Time: Place: Time: Time: Time: Time: Time: Place: Time: Tim			기계 그 문제 발생이 되었다면 그리고 그리고 있었다. 그리고 그리고 있다면 없는 그 그 그 그 그 그 그 그리고 있다면 하다 하다 하다면 하는데 그리고 있다면 하다면 하는데), Foster Care		
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An oral proceeding is scheduled for this rule on Date: Time: Place:				<u>5; 13</u> .		
X Presently, an oral proceeding is not scheduled, and any acceeding with the state of the approach of the scheduled, and any acceeding with the submitted by a political subdivision, an agency or ten (LD) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed role adoption and should include the name, address, and telephone number of the party or parties you represent. At any time written submissions including arguments, date, and views on the proposed role/smendment/repeal may be submitted to the filing day public comment period, written submissions including arguments, date, and views on the proposed role/smendment/repeal may be submitted to the filing days. ECONOMIC IMPACT STATEMENT: X Economic impact statement not required for this rule. Concise summary of economic impact statement attached. PROPOSED ACTION ON RULES Action proposed: Action proposed: New rule(s) Action proposed: Adopted with no changes in text and proposed filing active proposed filing freeticity date: Brinal ACTION ON RULES Date Proposed Rule Filled: 12/10/13 Action taken: Adopted with changes Adopted by reference Withdrawn Repeal of existing rule(s) Adopted by reference Withdrawn Repeal adopted as proposed Effective date: Adopted by reference Withdrawn Repeal adopted as proposed Effective date: A 30 days after filling Other (specify): DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP						
Second Presently, an oral proceeding is not schedud, and any proceeding in subthinking must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed role adoption and should include the name, address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, date, and views on the proposed rule/amendment/repeal may be submitted to the filing segment. ECONOMIC IMPACT STATEMENT:	An oral proceeding is	scheduled for this rule	on Date: Time:	Place:	•	
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TEMPORARY RULES PROPOSED ACTION ON RULES Original filling Renewal of effectiveness To be in effect in days Effective date:	or ten (10) or more persons. The wi this notice of proposed rule adoption are an agent or attorney, the name, day public comment period, written	ritten request should be submitt in and should include the name, address, email address, and tele	ed to the agency contact person at the abov address, email address, and telephone numb ephone number of the party or parties you re	re address within to ber of the person(s epresent. At any ti	wenty (20) days after the s) making the request; ar ime within the twenty-fi	e filing of nd, if you ve (25)
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Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify): Other (specify): Other (specify): Official filing STAMP Action proposed: New rule(s) Amendment to existing rule(s) Repeal of existing rule(s) Adopted with no changes in text X Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: So days after filing Other (specify): Other (specify): OFFICIAL FILING STAMP Action taken: Adopted with no changes in text X Adopted with changes Adopted by reference Withdrawn Repeal adopted as proposed Effective date: X 30 days after filing Other (specify): Do NoT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	X Economic impact statement not re	equired for this rule.	Concise summary of economic impact s	tatement attach	ned.	_
Original filling Renewal of effectiveness	TEMPORARY RULES	PROP	OSED ACTION ON RULES	4000		
To be in effect indays Effective date:	Original filing	Action prope	Action proposed:		The state of the s	
Effective date:	Renewal of effectiveness	New	rule(s)	Adopted with no changes in text		
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Other (specify): Indicate and Title of person authorized to file rules: OFFICIAL FILING STAMP DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP SECRETARY OF STATE		30 da				
other (specify):	(91)					
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OFFICIAL FILING STAMP DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP NILSSISSIPPI SECRETARY OF STATE	rinted name and Title of person a	uthorized to file rules:	M. Earl Scales, Asst-Attorney	-General		
OFFICIAL FILING STAMP	ignature of person authorized to i	file rules:	E TOPE			‡2
OFFICIAL FILING STAMP		DO NO	T WRITE BELOW THIS LINE			
MAY 1 3 2014 WILSSISSIPPI SECRETARY OF STATE	OFFICIAL FILING STAMP				OFFICIAL FILING STA	AMP
Accepted for filing by Accepted for filing by Accepted for filing by #20517				SECRE	IL E MAY 1 3 2014 IISSISSIPPI TABY OF S	D
The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.	Accepted for filing by			#205	517	VI)